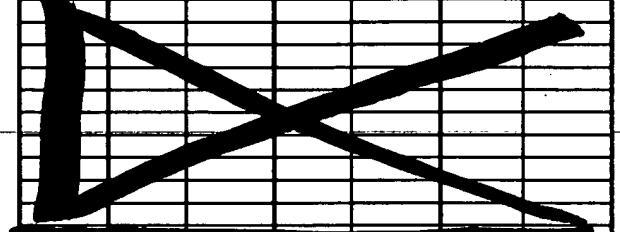


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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <u>10025732</u>	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	<u>1</u>											
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Total Indep	<u>2</u>											
Total Depend	<u>13</u>											
Total Claims	<u>15</u>											

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